



AHCCCS Web Site Survey



The AHCCCS Administration is constantly striving to make its Internet Web site (www.ahcccs.state.az.us) a valuable, easy-to-access source of information for AHCCCS providers. We would appreciate it if you would take a few minutes to complete this survey. Please return this survey to:

AHCCCS Claims Policy/Training Section
Mail Drop 8100
701 E. Jefferson Street
Phoenix, AZ 85034

You also may fax this survey to the AHCCCS Claims Policy/Training Section at (602) 256-1474.

1. Do you have Internet access at your provider office?

- ☐ Yes ➔ How often do you visit the AHCCCS Web site? ☐ Never ☐ Daily ☐ Weekly
☐ Other _____
- ☐ No ➔ Do you anticipate having Internet access within ☐ 6 months ☐ 12 months
☐ Other _____

2. Would you visit the AHCCCS Web site to verify recipient eligibility/enrollment?

- ☐ Yes ➔ How often? ☐ Daily ☐ Weekly ☐ Other _____
Approximately *how many* verifications in the time period identified above?

☐ No

3. Would you visit the AHCCCS Web site to check the status of your fee-for-service claims?

- ☐ Yes ➔ How often? ☐ Daily ☐ Weekly ☐ Other _____
Approximately *how many* claims in the time period identified above? _____

☐ No

4. Would you visit the AHCCCS Web site to update your Provider Registration files (e.g., report an address change)?

- ☐ Yes ➔ How often? ☐ Daily ☐ Weekly ☐ Other _____
- ☐ No

----- **Optional** -----

Provider Name: _____ Provider ID: _____

Name of contact person: _____ Telephone () _____